

**Confidential**

To be completed personally by applicant

## APPLICATION FOR EMPLOYMENT FORM

Note: the completion of this form does not indicate that there is any obligation on the company to engage the applicant.

Please answer the following questions in relation to your application for employment, which will assist us to assess your suitability for a position. The questions being asked are relevant to the nature and type of work undertaken in our workplace and comply with the rights and obligations under legislation, including the Immigration Act 2009, the Health and Safety in Employment Act 1992, and the Human Rights Act 1993. The information will be used by us to assess you for this purpose only. If successful, such information will form part of our staff records.

Date of Application \_\_\_\_\_

### Personal Details

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime contact phone no.: \_\_\_\_\_

Mobile contact phone no: \_\_\_\_\_

### Position Applying For:

Preferred Department: (Please circle)

Slaughter Board / Boning Room / Chillers / Freezers / Chop Room / Stockyards

Relevant Experience: \_\_\_\_\_

You will be required to undergo a pre-employment drug screening test.

Do you consent to this?

Yes / No

## Legal Requirements

Are you legally entitled to work in NZ? Yes / No

If yes, are you legally entitled to work because:

(a) You are a NZ citizen? Yes / No

(b) You have a Work Visa? Yes / No

(c) Other? (Please explain) \_\_\_\_\_

\_\_\_\_\_

(d) If yes to (b), please attach a copy of your work visa with this application:

Expiry date of Work Visa: \_\_\_\_\_

## Employment History *(start with the most recent position)*

Name and Address of Employer	From (date) to (date)	Position and main duties	Reason for leaving	May we contact this employer for a reference?
				Yes / No
				Yes / No
				Yes / No

## Referees *(Please note: two must be supplied)*

Name	Contact Number	Relationship

**Medical:** *The Health and Safety in Employment Act requires us to ensure the safety of employees at work.*

Because some of the tasks may aggravate a prior injury or disposition, you are asked to answer the following questions. Do you have any medical conditions or substance dependency which may affect your ability to effectively carry out the functions of employment or may be further aggravated by the functions and responsibilities of employment including: **Medical Questions continued on next page.**

Have you or have you previously had	Yes	No	When	Do you suffer from	Yes	No
An ACC Claim for any injury				Earache, deafness or ear discharge		
TB				Skin infections		
Dermatitis or Eczema				High blood pressure		
Hernia				Heart complaint		
Back injury or strain				Diabetes		
Injury to limbs				Any allergies		
Blackouts or seizures of any kind				Colour blindness		
Are you taking drugs or medicine?				OOS		
Mental problems or stress? i.e. Depression or Anxiety?				If yes, please give details		

**Is there anything else we should know that may have an impact on your ability to perform any roles that you are applying for?**

General	Yes / No
Do you have a current Drivers licence?	
Do you agree to provide a copy of your drivers licence if requested to do so?	
Do you have secondary employment that you intend to continue if you are offered this position?	
Can you work Shift work?	
Are you prepared to work overtime?	
Are you prepared to work as and where directed?	
Are you prepared to abide by safety and work rules?	
Have you been convicted of a criminal offence? If yes, give brief details	
Are you awaiting the hearing of criminal charges? If yes, give brief details	
Have you ever needed to take more than your sick leave allocation i.e. more than 5 days in 12 months? If yes, give brief details	
Have you ever been dismissed, or resigned as an alternative to being dismissed in previous employment?	
Have you ever been subject to investigation for dishonesty or violence by a previous employer?	
Have you ever submitted a personal grievance claim to an employer?	

**Declaration and acknowledgement:**

This information is being collected to enable us to assess your suitability for this position and will be used for this purpose only. If you fail or refuse to provide the information requested, then your application may be rejected. If you provide false or inaccurate information, this will be considered serious misconduct and may result in summary dismissal should you be employed by us. Please also note that any false information given under the section “**Medical**” may result in your loss of entitlement to earnings related compensation.

The Privacy Act 1993 provides you with the right to request access to and/or correct the personal information about you held by us.

I \_\_\_\_\_ (Full name) declare that to the best of my knowledge the information that I have provided is accurate, and complete, and I have not withheld any information which may have a bearing or any relevance to my application. **I authorize Blue Sky Meats (NZ) Ltd, Morton Mains, RD1, Invercargill, 9871, to obtain personal information regarding my claims history from ACC.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_